Preventing Suicide Among Refugees & Immigrants

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Refugees: Far From Homogeneous: They have varying:

- Immigration circumstances
- Levels of education & literacy
- Countries & cultures of origin
- Religion
- Values
- Customs
- Languages
- Family structures
- Degree & types of trauma
- Acculturation difficulties (race, differences between original & current environment)
- Have they ever known "home" & stability?

Refugees: Experiences Before Exile Often Experience Years & Years of Waiting

"Coming here was the second torture": Stressors in the U.S.

- Physical health problems
- Memories of trauma
- Hostility in the U.S.
- Discrimination at school & work

- Isolation, home sickness
- Uncertainty
- Unemployment & underemployment
- Lifestyle incongruity: food, weather, language, customs
- Identity questions
- Generational strain
- Communication problems
- Fears for family/friends
- Dependence on state
- Loss of status/role
- 'Cultural bereavement'

Cultural Bereavement: Grief reaction to the loss of "everything"

- Not a disease but an understandable response to a catastrophic loss of structure & culture
- Guilt over abandoning others
- Difficult social integration in new land

What helps?
Creating a sense of belonging both with others from same culture & with new land
"Treat" the entire community

Refugees & Help-seeking

- Fear of authorities & institutions (including mental health services)
- Many countries of origin lack formal mental health system

- Turn to alternative (traditional) supports—religion, friends, family, healers, work, arts
- Traditional healers may not have approaches to suicidality (e.g., Bhutanese)
- Mental illness stigmatized
- Poor understanding of mental health assessment & intervention or expectations
- Let them know about confidentiality, payment issues, etc.
- Bring to attention of medical & mental health providers what they think they are supposed to bring—symptoms—not strengths or WILL NOT TALK (afraid to be "found crazy")

High rate of suicide among some refugee populations

- In the camps
- Upon resettlement
- Especially upon resettlement to the U.S.

For Ethiopian/Eritrean men: "When hope seemed impossible, despair followed shame, sometimes leading to suicide."

Bhutanese refugees

- Bhutanese refugees over age 11 in the U.S. have three times the rate of completed suicide of the U.S. general population—33 per 100,000.
- 20 years living "suspended" in camps in Nepal. "new normal" of camps dissolved upon resettlement
- "No vulnerable person left behind"—a policy that creates/exacerbates family conflicts

Suicide in refugee camps in Nepal: Risk factors

- Over 40 years old
- Women make more attempts

- Men “complete” more
- Victims of Gender Based violence
- Members of families with more than 3 identified vulnerabilities
- Untreated mental illness in family (esp. history of suicide)
- Untreated mental illness in individual (esp. depression)
- Substance abuse
- Separated families

Post-Emigration Stressors Identified for Bhutanese refugees in the U.S.

- Conflict in family
- Excessive responsibility: Identified as “sole provider” especially when not traditional role
- Separation from traditional support networks
- Lack of support
- Limited mental health resources
- Mothers of four or more children without support networks

Depression among immigrants & refugees

- Less psychopathology among immigrants than native born population
- Pattern: Elation (6-9 months) to depression (two years) to recovery
- Some people get stuck in despair, disorder, & compromised social behavior
- Gendered response—Is status better or worse? Does person experience shame?

Refugee well-being depends more on what happens in their social than mental worlds

- 'Poor social support appears to be a much stronger predictor of depression in the long term than severity of trauma..... the extent of change correlated not with severity of trauma but with various social factors such as isolation, racial attacks and dissatisfaction with housing.' (Gorst-Unsworth O C & Goldenberg E, 1998)

People who may Need Extra Help

Torture survivors: Encourage them to consider their response under torture as the normal human response to extreme conditions. May need reintegration into "humanity." Psychotherapy with a specialist in torture and/or traditional healing rituals may help. Consider involvement & activism as healing.

People who may Need Extra Help

The "guilty": Rehabilitation of former child soldiers, soldiers, rapists, war criminals… May need reintegration into "humanity." Moral repair. Psychotherapy with a specialist in torture and/or traditional healing rituals may help. Consider involvement & activism as healing.

Substance abusing refugees are more likely to commit suicide

Substance abusing & substance dependent refugees have different needs than local substance abusers
Hard to "get help."
Stigma of addiction & stigma of outsider status

Why refugees become addicted
Same reasons others do PLUS:

- Availability of drugs & alcohol in low-income neighborhoods
- Affinity with marginalized people
- Connection between trafficking in persons & market of illicit drugs
- For older people, an effort to forget or to remember without pain
- For younger people, a way to separate from or resist family system after emigration
- Many start using after they leaving country of origin or pass from occasional use to addiction

Emigrant families & organizations resist addressing substance abuse
Substances for Self-Medication

<……>
Memory Oblivion

Help people remember, connect, mourn, & experience joy without substances
Supporting the population…

- Aim for the total improvement of life
- Help people create & fortify social networks
- Help relieve financial stress
- Services must preserve & affirm dignity
- Some emigrants want to change without therapy -- self control, move to other town, find job, traditional healing, etc.

Recovery

- Resumption of the rhythms of daily life: family, sociocultural, religious, economic
- Some people will still have a heavy heart

Delivering services

- Shift language from mental illness to mental wellbeing
- Familiar spaces – Home, community centers, religious institutions
- Multi-ethnic staff
- Individual planning
- Network counseling
- Cross-cultural education

Delivering services

- Volunteers – Interpreters – Cultural Mediators
- Relieve situational anxiety by meeting practical needs: first language information & training; housing, schooling, medical care
- Integration is a two-way street—encourage two-way cultural sharing
- Enlist “mentors” who have survived & overcome

Key Interventions

Cognitive

- Hear & normalize the person's experience
- Encourage self-advocacy
- Explain logic of the new country

Environmental

- Problem solve around housing, benefits, education and training, family reunification, advice on legal, welfare, educational, and health matters
- Actively support throughout resettlement

Behavioral—point out pathways

- Facilitate recreation/volunteering/paid work
- Promote education

Physical

- Teach about sleep hygiene, relaxation, food, shelter
- Facilitate consistent medical care

Social

Create opportunities for interactions of adults and youth, same and mixed gender (as appropriate): picnics, dances, ceremonies, holidays, outings, arts, language classes, cultural orientations, movies, exchanges with local populations

Key indicators of suicidality

- Depression
- Feelings of intense shame
- Lack of future orientation

- Feelings of helplessness/hopelessness
- Sudden change in mood or behavior
- Isolating
- Poor self-care or giving away possessions
- Preoccupation with death
- Wanting to return to former country “no matter what”
- Lack of motivation
- Anhedonia or no longer participating in activities that once brought joy
- “Checking out” emotionally & from relationships

Questions for people who may be suicidal

- PLAN: Do you have a plan to kill yourself? (If so, “How?”)
- MEANS: Do you have what you need to carry out the plan (pills, gun, rope, etc.)?
- TIME: Do you know when you would do it?
- INTENT: Do you intend to kill yourself?
- PREVIOUS ATTEMPTS: "Have you tried to kill yourself?” (get details of how, when, & number of times)

Steps to take if high risk

- Watch over the person or have someone else do this
- Remove immediate means (pills, firearms, rope)
- Call 911 if necessary or call Emergency Services for thorough assessment

Steps to take if moderate risk

If you are not experienced with suicide assessment refer to emergency services. Also:

- Agree on a specific safety plan: a course of action to take if feeling suicidal. Ask the client if he/she can give an assurance that he/she will follow this plan & not make a suicide attempt at least for a period of time.
- Try to eliminate access to means of self harm (ex. the client agrees to hand over weapons or drugs to trusted person.)
- Give client the area's mental health crisis number.
- Monitor client, arrange follow up appointment.

Remember

- Anticipate moments of disruption, change & challenges (e.g., family changes, when case manager leaves or stops services)
- Events thousands of miles away can produce fear, uncertainty and grieving
- A sense of routine & stability will help

Convey Hope

- Time heals
- Things will settle down
- You will find a new normal
- The first few months and even years are often rocky
- Your ability to live here and to make sense of what happened will improve
- It will all look different in a year or five years

Some references

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